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APPLICATION NO.	FILING DATE	<u> </u>	FIRST NAME	O INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/662,002	09/12/2003		Chang S		KCLIM45.001C1	8608
ITTLE OF INVENTION	: THERAPEUTIC COMPOSIT	ION FOR BROA	D SPECTRUN	M DERMAL DISEASE		
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APPLN. TYPE	SMALL ENTITY	ISSUE F	EE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional NO		\$1370		\$300	\$1670	02/17/2005
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KIM, VICKIE Y		1614	<u> </u>	514-110000	J	🕫 .
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CFR 1.363). Change of corresponded ress form PTO/SE	Correspondence (1) the names of up to 3 re or agents OR, alternatively,		nes of up to 3 registered pater OR, alternatively,	o 3 registered patent attorneys 1 Knobbe Martens Olively,		
"Fee Address" indi PTO/SB/47; Rev 03-0 Number is required.	(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.					
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